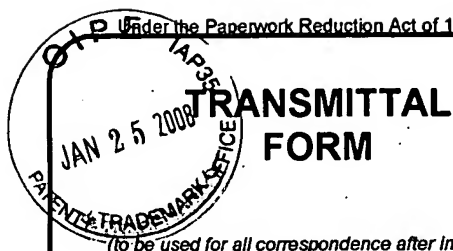


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Total Number of Pages in This Submission

Application Number 10/050,373

Filing Date January 15, 2002

First Named Inventor Gurtej S. Sandhu

Art Unit 2813

Examiner Name Laura M. Schillinger

Attorney Docket Number MI22-1896

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input checked="" type="checkbox"/> Fee Attached
<input checked="" type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
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<input checked="" type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
<input type="checkbox"/> Change of Correspondence Address
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<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Proprietary Information
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Firm Name Wells St. John P.S.

Signature

Printed name Robert C. Hyta

Date 1/22/08

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<div style="text-align: center;"> FEETRANSMITTAL For FY 2008 </div> <p style="font-size: small;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<div style="text-align: center; border: 1px solid black; padding: 2px;">Complete if Known</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>10/050,373</td></tr> <tr><td>Filing Date</td><td>January 15, 2002</td></tr> <tr><td>First Named Inventor</td><td>Gurtej S. Sandhu</td></tr> <tr><td>Examiner Name</td><td>Laura M. Schillinger</td></tr> <tr><td>Art Unit</td><td>2813</td></tr> <tr><td>Attorney Docket No.</td><td>MI22-1896</td></tr> </table>	Application Number	10/050,373	Filing Date	January 15, 2002	First Named Inventor	Gurtej S. Sandhu	Examiner Name	Laura M. Schillinger	Art Unit	2813	Attorney Docket No.	MI22-1896
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Examiner Name	Laura M. Schillinger												
Art Unit	2813												
Attorney Docket No.	MI22-1896												
TOTAL AMOUNT OF PAYMENT (\$) 640.00													

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): # _____

☒ Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	0
Design	210	105	100	50	130	65	0
Plant	210	105	310	155	160	80	0
Reissue	310	155	510	255	620	310	0
Provisional	210	105	0	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____	0
HP = highest number of total claims paid for, if greater than 20.			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	0
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	0

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other (e.g., late filing surcharge): <u>Supplemental IDS \$180.00; Petition for Extension of Time \$460.00</u>	<u>640.00</u>

SUBMITTED BY		
Signature _____	Registration No. (Attorney/Agent) <u>46,791</u>	Telephone <u>509-624-4276</u>
Name (Print/Type) <u>Robert C. Hyla</u>	Date <u>1/22/08</u>	

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